
ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Section 2510.APPENDIX A Illinois Health Care Cost Containment Council Annual Financial Data Report

At a minimum, hospitals or their agents will submit the following data elements to the Council or its Agent on the electronic or hard copy instrument designated:

OPERATING REVENUES

- 1) Net patient service revenue - The estimated net realizable amounts from patients, third party payers and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers.
- 2) Other revenue - Revenue from services other than health care provided to patients, sales and services to non-patients and operations restricted contributions; including, but not limited to, the following: (i) tax appropriations that include all revenue received from local taxing bodies (e.g., city, township, county, district) which are designed for hospital operations; (ii) contributions (operations restricted) received from endowments, grants, etc., which are restricted and support operating expenditures of the hospital if the costs associated with them are included in operating expenses; and (iii) all other revenue generated from non-patient sources that are of an operating nature (i.e., cafeteria, parking lot, etc.) and operating gains.
- 3) Total operating revenue - The total of net patient service revenue and other revenue (i.e., the sum of items 1 and 2).

OPERATING EXPENSES

- 4) Bad debt expense - Amounts deemed uncollectible primarily because of a patient's unwillingness to pay as determined after collection efforts.
- 5) Total operating expenses - The sum of the following: (i) salary and wages; (ii) employee fringe benefits; (iii) professional medical fees paid to professionals for medical services; (iv) depreciation expense based on historical costs; (v) interest expense; (vi) drugs, films, solutions and medical care supplies; (vii) utility expense for fuel, water, heat, light, power and telephone service; (viii) malpractice insurance expense excluding general liability insurance or contributions to a self-insurance fund for professional liability; (ix) bad debt expense; and (x) all other operating expenses.

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

NON-OPERATING GAINS/LOSSES

- 6) Total non-operating gains - The classification of activities as non-operating depends on the individual health care provider. In general, activities generate non-operating gains to the extent that they result from a provider's peripheral or incidental transactions and from other events stemming from the environment that may be largely beyond the control of the provider and its management. Non-operating gains include, but are not limited to, the following: (i) investment income, such as funded depreciation, contributions and endowments; (ii) all contributions, gifts and bequests which are not non-restricted; and (iii) all other non-operating gains, including extraordinary gains, that are not a result of investments or contributions.
- 7) Total non-operating losses - All losses that are classified as non-operating to the extent that they result from a provider's peripheral or incidental transactions and from other events stemming from the environment that may be largely beyond the control of the provider and its management.

PATIENT CARE REVENUES

- 8) Gross inpatient revenue - Full hospital charges to inpatients for hospital services before considering any deductions for charity care or contractual allowances, including, but not limited to, the following: (i) revenue derived from the daily room charge for inpatient services such as room, board and nursing care in routine areas (e.g., medical, surgical, pediatrics, rehabilitative, etc.) and special care units (e.g., intensive care, coronary care, burn units, neonatal intensive care); and (ii) revenue derived from ancillary inpatient hospital services such as lab, x-ray, cardiology.
- 9) Gross outpatient revenue - Hospital services revenue derived from non-inpatient activities, including, but not limited to, all outpatient, clinic, day surgery, day psychiatric care, emergency room care, etc.
- 10) Other patient care revenue - Any revenue classified as patient-related which does not belong in the above inpatient or outpatient categories (e.g., home health care, in-home hospice care, etc.).
- 11) Total patient revenue - Any revenue that constitutes "total gross patient revenue" as defined in item 12 below.

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

- 12) Total gross patient care revenue - The total of gross inpatient revenue, gross outpatient revenue and other patient care revenue (i.e., the sum of items 8 through 10).
- 13) Medicare gross revenue - Full hospital charges derived from Medicare, before considering any deductions, including revenue resulting from routine and special care, and ancillary and outpatient service. This figure may be estimated.
- 14) Medicaid gross revenue - Full hospital charges derived from Medicaid (MAG and MANG), before considering any deductions, including revenue resulting from routine and special care, and ancillary and outpatient service. This figure may be estimated.
- 15) Total other gross revenue - Full hospital charges derived from any other source, before considering any deductions, including, but not limited to, Blue Cross/Blue Shield, commercial insurance, health maintenance organizations and preferred provider organizations, revenue resulting from routine and special care, and ancillary and outpatient service. This figure may be estimated.

DEDUCTIONS FROM REVENUE

- 16) Charity care - These revenue deductions represent the aggregate of the accounts written off when it is determined that a patient is unable to pay. Charity care results from the facility's policy to provide health care services free of charge to individuals who meet certain financial criteria. Do not include costs associated with community benefits or other non-patient related services.
- 17) Medicare allowance - Revenue deductions incurred in treating Medicare patients. This figure may be estimated.
- 18) Medicaid allowance - Revenue deductions incurred in treating Medicaid patients. This figure may be estimated.
- 19) Other contractual allowances - Revenue deductions incurred in treating patients covered by Blue Cross/Blue Shield plans, commercial insurance plans, HMO/PPO contracts or other revenue deductions other than charity care, Medicare allowances and Medicaid allowances. This figure may be estimated.
- 20) Other allowances - All other deductions from revenue for items such as courtesy allowances, employee discounts, administrative writeoffs, etc.

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

- 21) Total deductions - The sum of charity care, Medicare allowances, Medicaid allowances, other contractual allowances and other deductions (i.e., the sum of items 16 through 20.)

ASSETS

- 22) Operating cash and short-term investments - The total of cash on hand and in banks and (unrestricted) investments estimated to be held no longer than one year.
- 23) Estimated patient accounts receivable - Patient accounts receivable adjusted for allowances and bad debts.
- 24) Other current assets - The value of all other current assets.
- 25) Total current assets - The total current assets of the hospital. This amount should include the sum of operating cash and short-term investments, estimated patient accounts receivable (net of allowances and bad debts) and other current assets (i.e., the sum of items 22 through 24).
- 26) Total other assets - The sum of (i) the amounts included in the hospital's designated funded depreciation account; (ii) the value of property, plant, and equipment recorded on the hospital's books; (iii) any other unrestricted assets; and (iv) any restricted assets (donor or legally restricted only); less accumulated depreciation on fixed assets such as property, plant, and equipment.
- 27) Total assets - The sum of total current assets and total other assets (i.e., the sum of items 25 and 26).

LIABILITIES AND FUND BALANCES

- 28) Total current liabilities - The sum of all current liabilities using generally-accepted accounting principles as a guide including, but not limited to, the following: (i) vendor accounts payable (excluding reconciliation payments due to third party payers); (ii) current year's principal payments on long-term debt; and (iii) other current liabilities.
- 29) Long term debt - Debt whose anticipated maturity (liquidation) is in excess of one year (net of the current maturities).

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

- 30) Other liabilities - The value of any other non-current liabilities or deferred revenue.
- 31) Total liabilities - The sum of total current liabilities, long term debt and other liabilities.
- 32) Total liabilities and fund balances - The sum of total liabilities (item 31) and all fund balances (equity) of the hospital - including restricted as well as unrestricted funds.

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Section 2510.APPENDIX B UB-82 Magnetic Media Record Format

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

HEADER RECORD

Data Element	Data Element Description	Position From	To	Length	Picture	Format
1	Hospital ID Number (Medicaid Provider Number)	1	12	12	A	
2	Hospital Name	13	52	40	A	
3	Hospital Street Address	53	92	40	A	
4	Hospital City	93	112	20	A	
5	Hospital Zip Code	113	117	5	N	
6	Contact Person	118	157	40	A	
7	Telephone Number	158	167	10	N	(XXX) XXX-XXXX
8	Period Covered First Day	168	173	6	N	MMDDYY
9	Last Day	174	179	6	N	MMDDYY
10	Filler	180	767	588	A	

LOGICAL RECORD FORMAT

Data Element	Data Element Description	UB-82 Item	Position From	To	Length	Picture	Format
1	Patient Date of Birth	12	1	8	8	N	MMDDCCYY
2	Patient Sex	13	9	9	1	A	
3a	Patient Zip Code	11 (part)	10	14	5	N	Unknown = 00000 Foreign = 99999
3b	Filler	N/A	15	18	4	A	Blank Fill
4a	Individual Payer ID Number	57A	19	27	9	A	Left justify, space fill right
4b	Individual Payer						Left justify,

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Data Element	Data Element Description	UB-82 Item	Position From To		Length	Picture	Format
	ID Number	57B	28	36	9	A	space fill right
4c	Individual Payer ID Number	57C	37	45	9	A	Left justify, space fill right
5	Date of Admission	15	46	51	6	N	MMDDYY
6	Source of Admission	18	52	52	1	N	
7	Type of Admission	17	53	53	1	N	
8a	Discharge Date (type of bill)	4	54	56	3	N	
8b	Discharge Date	22 (part)	57	62	6	N	MMDDYY
9a	Principal Diagnosis	77	63	67	5	A	Left justify, space fill right; do not include decimal
9b	Other Diagnosis	78	68	72	5	A	Left justify, space fill right; do not include decimal
9c	Other Diagnosis	79	73	77	5	A	Left justify, space fill right; do not include decimal
9d	Other Diagnosis	80	78	82	5	A	Left justify, space fill right; do not include decimal
9e	Other Diagnosis	81	83	87	5	A	Left justify, space fill right; do not include decimal
10a	Coding Method Used	82	88	88	1	N	
10b	Principal Procedure	84a	89	93	5	A	ICD-9-CM = 99V99 CPT-4 = 99999

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Data Element	Data Element Description	UB-82 Item	Position From To		Length	Picture	Format
10c	Principal Procedure Date	84b	94	97	4	N	MMDD
11	Patient Status	21	98	99	2	N	
12a	Other Procedure	85a	100	104	5	N	ICD-9-CM = 99V99 CPT-4 = 99999
12b	Other Procedure Date	85b	105	108	4	N	MMDD
12c	Other Procedure	86a	109	113	5	N	ICD-9-CM = 99V99 CPT-4 = 99999
12d	Other Procedure Date	86b	114	117	4	N	MMDD
13a	Revenue Code	51a	118	120	3	A	Left justify
13a	Units of Service	52a	121	123	3	N	Right justify, zero fill left
13a	Charges	53a	124	132	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13b	Revenue Code	51b	133	135	3	A	Left justify
13b	Units of Service	52b	136	138	3	N	Right justify, zero fill left
13b	Charges	53b	139	147	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Data Element	Data Element Description	UB-82 Item	Position From To	Length	Picture	Format
13c	Revenue Code	51c	148 150	3	A	Left justify
13c	Units of Service	52c	151 153	3	N	Right justify, zero fill left
13c	Charges	53c	154 162	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13d	Revenue Code	51d	163 165	3	A	Left justify
13d	Units of Service	52d	166 168	3	N	Right justify, zero fill left
13d	Charges	53d	169 177	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13e	Revenue Code	51e	178 180	3	A	Left justify
13e	Units of Service	52e	181 183	3	N	Right justify, zero fill left
13e	Charges	53e	184 192	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13f	Revenue Code	51f	193 195	3	A	Left justify
13f	Units of Service	52f	196 198	3	N	Right justify, zero fill left

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Data Element	Data Element Description	UB-82 Item	Position From To	Length	Picture	Format
13f	Charges	53f	199 207	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13g	Revenue Code	51g	208 210	3	A	Left justify
13g	Units of Service	52g	211 213	3	N	Right justify, zero fill left
13g	Charges	53g	214 222	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13h	Revenue Code	51h	223 225	3	A	Left justify
13h	Units of Service	52h	226 228	3	N	Right justify, zero fill left
13h	Charges	53h	229 237	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13i	Revenue Code	51i	238 240	3	A	Left justify
13i	Units of Service	52i	241 243	3	N	Right justify, zero fill left
13i	Charges	53i	244 252	9	N	S9(7)V99- May be negative (credit)

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Data Element	Data Element Description	UB-82 Item	Position From To	Length	Picture	Format
						Right justify zero fill left; if credit amount multi punch (11) over units position
13j	Revenue Code	51j	253 255	3	A	Left justify
13j	Units of Service	52j	256 258	3	N	Right justify, zero fill left
13j	Charges	53j	259 267	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13k	Revenue Code	51k	268 270	3	A	Left justify
13k	Units of Service	52k	271 273	3	N	Right justify, zero fill left
13k	Charges	53k	274 282	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13l	Revenue Code	51l	283 285	3	A	Left justify
13l	Units of Service	52l	286 288	3	N	Right justify, zero fill left
13l	Charges	53l	289 297	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Data Element	Data Element Description	UB-82 Item	Position From To	Length	Picture	Format
						punch (11) over units position
13m	Revenue Code	51m	298 300	3	A	Left justify
13m	Units of Service	52m	301 303	3	N	Right justify, zero fill left
13m	Charges	53m	304 312	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13n	Revenue Code	51n	313 315	3	A	Left justify
13n	Units of Service	52n	316 318	3	N	Right justify, zero fill left
13n	Charges	53n	319 327	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13o	Revenue Code	51o	328 330	3	A	Left justify
13o	Units of Service	52o	331 333	3	N	Right justify, zero fill left
13o	Charges	53o	334 342	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13p	Revenue Code	51p	343 345	3	A	Left justify

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Data Element	Data Element Description	UB-82 Item	Position From To	Length	Picture	Format
13p	Units of Service	52p	346 348	3	N	Right justify, zero fill left
13p	Charges	53p	349 357	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13q	Revenue Code	51q	358 360	3	A	Left justify
13q	Units of Service	52q	361 363	3	N	Right justify, zero fill left
13q	Charges	53q	364 372	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13r	Revenue Code	51r	373 375	3	A	Left justify
13r	Units of Service	52r	376 378	3	N	Right justify, zero fill left
13r	Charges	53r	379 387	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13s	Revenue Code	51s	388 390	3	A	Left justify
13s	Units of Service	52s	391 393	3	N	Right justify, zero fill left
13s	Charges	53s	394 402	9	N	S9(7)V99-

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Data Element	Data Element Description	UB-82 Item	Position From To	Length	Picture	Format
						May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13t	Revenue Code	51t	403 405	3	A	Left justify
13t	Units of Service	52t	406 408	3	N	Right justify, zero fill left
13t	Charges	53t	409 417	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13u	Revenue Code	51u	418 420	3	A	Left justify
13u	Units of Service	52u	421 423	3	N	Right justify, zero fill left
13u	Charges	53u	424 432	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
13v	Revenue Code	51v	433 435	3	A	Left justify
13v	Units of Service	52v	436 438	3	N	Right justify, zero fill left
13v	Charges	53v	439 447	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Data Element	Data Element Description	UB-82 Item	Position From To	Length	Picture	Format
						amount multi punch (11) over units position
13w	Revenue Code	51W	448 450	3	A	Left justify
13w	Units of Service	52w	451 453	3	N	Right justify, zero fill left
13w	Charges	53w	454 462	9	N	S9(7)V99- May be negative (credit) Right justify zero fill left; if credit amount multi punch (11) over units position
14	Attending Physician ID number	92	463 472	10	A	
15	Hospital ID Number	8	473 484	12	A	
16	Patient Control Number	3	485 501	17	A	
17a	Insured's Group Number	70a	502 518	17	A	
17b	Insured's Group Number	70b	519 535	17	A	
17c	Insured's Group Number	70c	536 552	17	A	
18	Other Physician ID	93	553 562	10	A	
	Filler		563 572	10	A	Blank Filler
19	Remarks	94	573 767	195	A	
If there are more than twenty-three (23) entries in the charge fields on a patient's bill, file two (2) or more records for the patient's bill, as necessary, and code data elements 1, 2, 5, 8b, 11, 15 and 16 on all records.						

TRAILER RECORD

Data Element	Data Element Description	Position From To	Length	Picture	Format
--------------	--------------------------	------------------	--------	---------	--------

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

1	Hospital ID Number (Medicaid Provider Number)	1	12	12	A	
2	Number of Records (Logical Records contained in the file excluding the Header and Trailer Records)	13	17	5	N	
3	Filler	18	767	750	A	Blank Filler

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Section 2510.APPENDIX C UB-82 Uniform Bill Data Fields

Data Element		Required Field(s)	Requirements
1.	Patient date of birth	12	As stated in UB-82 For Illinois manual.
2.	Patient sex	13	As stated in UB-82 For Illinois manual.
3.	Patient zip code	11	Only the zip code portion of this field is required. Code as stated in UB-82 For Illinois manual.
4.	Third-party Coverage	57	<p>Illinois Department of Insurance numbers are required for commercial insurers. The Blue Cross codes listed in the UB-82 manual are required for Blue Cross plans. Self-administered plans will be assigned a number upon request as provided in subsection (g) of Section 2510.40 and hospitals are required to use such numbers where applicable in field 57.</p> <p>If any hospital has less than one-half of one percent (0.05%) of its discharges for a particular payor identification number in the prior quarter, it may report these discharges to the Council as "other". However, if the payor ID number presented by a patient is presented on an individual identification card shown by the patient at the time of admission the discharge information must be reported to the Council for that patient using the identification number.</p>
5.	Date of admission	15	As stated in UB-82 For Illinois manual.
6.	Source of admission	18	As stated in UB-82 For Illinois manual.
7.	Type of admission	17	As stated in UB-82 For Illinois manual.

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

8.	Discharge date	4,22	As stated in UB-82 For Illinois manual.
9.	Principal and up to four other diagnoses	77-81	As stated in UB-82 For Illinois manual.
10.	Principal procedure and date	82,84	As stated in UB-82 For Illinois manual.
11.	Patient status	21	As stated in UB-82 For Illinois manual.
12.	Other procedures and dates	85,86	As stated in UB-82 For Illinois manual.
13.	Total charges and components of those charges	51-53	The number of units is required where applicable. Code as stated in UB-82 For Illinois manual.
14.	Attending physician ID number	92	Physician's state license number is the required ID number. If the attending physician does not have a valid license number, enter the Chief of Service's ID.
15.	Hospital ID number	8	The Medicaid number is the required hospital ID number. Hospitals not participating in Medicaid will be assigned a number as provided in subsection (f) of Section 2510.40.
16.	Patient control number	3	As stated in UB-82 For Illinois Manual. This field may not contain the patient's social security number.
17.	Insured's group number	70	Required where applicable. As stated in UB-82 For Illinois Manual.
18.	Other physician ID	93	If applicable and if known the physician's state license number is the required ID number. If the other physician does not have a valid license number, enter the Chief of Service's ID.

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Section 2510.APPENDIX D UB-92 Magnetic Media Record Format

HEADER RECORD

DATA ELEMENT	DATA ELEMENT DESCRIPTION	POSITION FROM TO		LENGTH	PICTURE	FORMAT
1	Hospital ID Number (Medicaid Provider Number)	1	12	12	A	
2	Hospital Name	13	52	40	A	
3	Hospital Street Address	53	92	40	A	
4	Hospital City	93	112	20	A	
5	Hospital Zip Code	113	117	5	A	
6	Contact Person	118	157	40	A	
7	Telephone Number	158	167	10	A	(XXX)XXX- XXXX
8	Period Covered First Day	168	173	6	N	MMDDYY
9	Last Day	174	179	6	N	MMDDYY
10	Filler	180	800	621	A	Blank Fill

LOGICAL RECORD

DATA ELEMENT	DATA ELEMENT DESCRIPTION	UB-92 ITEM	POSITION FROM TO		LENGTH	PICTURE	FORMAT
1	Patient Date of Birth	14	1	8	8	N	MMDDCCYY
2	Patient Sex	15	9	9	1	A	
3a	Patient Zip Code	13	10	14	5	N	Unknown- 00000 Foreign- 99999
3b	ZIP PLUS 4	13	15	18	4	A	Blank Fill IF NO NUMBER
4a	1 st Individual Payer ID Number	50a	19	27	9	A	Left Justify, space fill right

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

4b	2 nd Individual Payer ID Number	50b	28	36	9	A	Left justify, space fill right
4c	3 rd Individual Payer ID Number	50c	37	45	9	A	Left justify, space fill right
5	Date of Admission	17	46	51	6	N	MMDDYY
6	Source of Admission	20	52	52	1	N	
7	Type of Admission	19	53	53	1	N	
8a	Type of Bill	4	54	56	3	N	
8b	Discharge Date	6	57	62	6	N	MMDDYY
9a	Principal Diagnosis	67	63	68	6	A	Left justify, space fill right no decimal
9b	1 st Other Diagnosis	68	69	74	6	A	Left justify, space fill right no decimal
9c	2 nd Other Diagnosis	69	75	80	6	A	Left justify, space fill right no decimal
9d	3 rd Other Diagnosis	70	81	86	6	A	Left justify, space fill right no decimal
9e	4 th Other Diagnosis	71	87	92	6	A	Left justify, space fill right no decimal
9f	5 th Other Diagnosis	72	93	98	6	A	Left justify, space fill right no decimal
9g	6 th Other Diagnosis	73	99	104	6	A	Left justify, space fill right no decimal
9h	7 th Other Diagnosis	74	105	110	6	A	Left justify, space fill right no decimal

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

9i	8 th Other Diagnosis	75	111	116	6	A	Left justify space fill right no decimal
10a	Procedure Coding Method Used	79	117	117	1	N	
10b	Principal Procedure	80	118	124	7	A	ICD-9-CM= 99V99bbb
10c	Principal Procedure Date	80	125	130	6	N	MMDDYY
11	Patient Status	22	131	132	2	N	
12a	1 st Other Procedure	81a	133	139	7	A	ICD-9-CM= 99V99bbb
12b	1 st Other Procedure Date	81a	140	145	6	N	MMDDYY
12c	2 nd Other Procedure	81b	146	152	7	A	ICD-9-CM= 99V99bbb
12d	2 nd Other Procedure Date	81b	153	158	6	N	MMDDYY
12e	3 rd Other Procedure	81c	159	165	7	A	ICD-9-CM= 99V99bbb
12f	3 rd Other Procedure Date	81c	166	171	6	N	MMDDYY
12g	4 th Other Procedure	81d	172	178	7	A	ICD-9-CM= 99V99bbb
12h	4 th Other Procedure Date	81d	179	184	6	N	MMDDYY
12i	5 th Other Procedure	81e	185	191	7	A	ICD-9-CM= 99V99bbb
12j	5 th Other Procedure Date	81e	192	197	6	N	MMDDYY
13a	1 st Revenue Code	42a	198	201	4	N	Right justify, zero fill left

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

13a	Units of Service	46a	202	208	7	N	Right justify, zero fill left
13a	Charges	47a	209	218	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13b	2 nd Revenue Code	42b	219	222	4	N	Right justify, zero fill left
13b	Units of Service	46b	223	229	7	N	Right justify, zero fill left
13b	Charges	47b	230	239	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13c	3 rd Revenue Code	42c	240	243	4	N	Right justify, zero fill left
13c	Units of Service	46c	244	250	7	N	Right justify, zero fill left
13c	Charges	47c	251	260	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13d	4 th Revenue Code	42d	261	264	4	N	Right justify, zero fill left

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

13d	Units of Service	46d	265	271	7	N	Right justify, zero fill left
13d	Charges	47d	272	281	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13e	5 th Revenue Code	42e	282	285	4	N	Right justify, zero fill left
13e	Units of Service	46c	286	292	7	N	Right justify, zero fill left
13e	Charges	47c	293	302	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13f	6 th Revenue Code	42f	303	306	4	N	Right justify, zero fill left
13f	Units of Service	46f	307	313	7	N	Right justify, zero fill left
13f	Charges	47f	314	323	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13g	7 th Revenue Code	42g	324	327	4	N	Right justify, zero fill left

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

13g	Units of Service	46g	328	334	7	N	Right justify, zero fill left
13g	Charges	47g	335	344	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13h	8 th Revenue Code	42h	345	348	4	N	Right justify, zero fill left
13h	Units of Service	46h	349	355	7	N	Right justify
13h	Charges	47h	356	365	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13i	9 th Revenue Code	42i	366	369	4	N	Right justify, zero fill left
13i	Units of Service	46i	370	376	7	N	Right justify, zero fill left
13i	Charges	47i	377	386	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13j	10 th Revenue Code	42j	387	390	4	N	Right justify, zero fill left

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

13j	Units of Service	46j	391	397	7	N	Right justify, zero fill left
13j	Charges	47j	398	407	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13k	11 th Revenue Code	42k	408	411	4	N	Right justify, zero fill left
13k	Units of Service	46k	412	418	7	N	Right justify, zero fill left
13k	Charges	47k	419	428	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13l	12 th Revenue Code	42l	429	432	4	N	Right justify, zero fill left
13l	Units of Service	46l	433	439	7	N	Right justify, zero fill left
13l	Charges	47l	440	449	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13m	13 th Revenue Code	42m	450	453	4	N	Right justify, zero fill left

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

13m	Units of Service	46m	454	460	7	N	Right justify, zero fill left
13m	Charges	47m	461	470	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13n	14 th Revenue Code	42n	471	474	4	N	Right justify, zero fill left
13n	Units of Service	46n	475	481	7	N	Right justify, zero fill left
13n	Charges	47n	482	491	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13o	15 th Revenue Code	42o	492	495	4	N	Right justify, zero fill left
13o	Units of Service	46o	496	502	7	N	Right justify, zero fill left
13o	Charges	47o	503	512	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13p	16 th Revenue Code	42p	513	516	4	N	Right justify, zero fill left

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

13p	Units of Service	46p	517	523	7	N	Right justify, zero fill left
13p	Charges	47p	524	533	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13q	17 th Revenue Code	42q	534	537	4	N	Right justify, zero fill left
13q	Units of Service	46q	538	544	7	N	Right justify, zero fill left
13q	Charges	47q	545	554	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13r	18 th Revenue Code	42r	555	558	4	N	Right justify, zero fill left
13r	Units of Service	46r	559	565	7	N	Right justify, zero fill left
13r	Charges	47r	566	575	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13s	19 th Revenue Code	42s	576	579	4	N	Right justify, zero fill left

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

13s	Units of Service	46s	580	586	7	N	Right justify, zero fill left
13s	Charges	47s	587	596	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13t	20 th Revenue Code	42t	597	600	4	N	Right justify, zero fill left
13t	Units of Service	46t	601	607	7	N	Right justify, zero fill left
13t	Charges	47t	608	617	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13u	21 st Revenue Code	42u	618	621	4	N	Right justify, zero fill left
13u	Units of Service	46u	622	628	7	N	Right justify, zero fill left
13u	Charges	47u	629	638	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13v	22 nd Revenue Code	42v	639	642	4	N	Right justify, zero fill left

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

13v	Units of Service	46v	643	649	7	N	Right justify, zero fill left
13v	Charges	47v	650	659	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
13w	23 rd Revenue Code	42w	660	663	4	N	Right justify, zero fill left
13w	Units of Service	46w	664	670	7	N	Right justify, zero fill left
13w	Charges	47w	671	680	10	N	S9(8)99-May be negative (credit) Right justify, zero fill left; when including sign, use zoned decimal representation
14	Attending Physician ID Number	82	681	690	10	A	
15	Hospital ID Number	5	691	702	12	A	
16	Patient ID Number	3	703	722	20	A	
17a	1 st Insur Grp Number	62a	723	739	17	A	
17b	2 nd Insur Grp	62b	740	756	17	A	
17c	3 rd Insur Grp Number	62c	757	773	17	A	
18a	Other Physician ID Number	83a	774	783	10	A	
18b	Other Physician ID	83b	784	793	10	A	

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Filler	794	800	7	A	Blank Filler
--------	-----	-----	---	---	--------------

UB-92 Magnetic Media Record Format

TRAILER RECORD FIELD DESCRIPTION

DATA ELEMENT	DATA ELEMENT DESCRIPTION	POSITION		LENGTH	PICTURE	FORMAT
		FROM	TO			
1	Hospital ID Number (Medicaid Provider Number)	1	12	12	A	
2	Number of Records (Logical Records contained in the file excluding the Header and Trailer Records)	13	17	5	N	
3	Filler	18	800	783	A	Blank filler

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Section 2510.APPENDIX E UB-92 Uniform Bill Data Fields

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

DATA ELEMENT			Required Field(s) Requirements
1.	Patient date of birth	14	As stated in UB-92 For Illinois manual.
2.	Patient Sex	15	As stated in UB-92 For Illinois manual.
3.	Patient zip code	13	As stated in UB-92 For Illinois manual.
4.	Third-party	50	Illinois Department of Insurance numbers are required for commercial insurers. The Blue Cross codes listed in the UB-92 manual are required for Blue Cross plans. Self-administered plans will be assigned a number upon request as provided in subsection (g) of Section 2510.50 and hospitals are required to use such numbers where applicable in field 50.
5.	Date of admission	17	As stated in UB-92 For Illinois manual.
6.	Source of admission	20	As stated in UB-92 For Illinois manual.
7.	Type of admission	19	As stated in UB-92 For Illinois manual.
8.	Type of bill	4	As stated in UB-92 For Illinois manual.
9.	Discharge Date	6	As stated in UB-92 for Illinois manual.
10.	Principal and up to eight other diagnoses	67-75	As stated in UB-92 For Illinois manual.
11.	Principal procedure and date	80	As stated in UB-92 For Illinois manual.
12.	Patient status	22	As stated in UB-92 For Illinois manual.
13.	Other procedures and dates	81a-e	As stated in UB-92 For Illinois manual.
14.	Total charges and components of those charges	42,46-47	The number of units is required where applicable. Code as stated in UB-92 For Illinois manual.
15.	Attending physician ID number	82	Physician's state license number is the required ID number. UPINs are allowed for all claims.
16.	Hospital ID number	5	The Medicaid number is the required hospital ID number.

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

			Hospitals not participating in Medicaid will be assigned a number as provided in subsection (f) of Section 2510.50.
17.	Patient Control	3	As stated in UB-92 For Illinois manual. This field may not contain the patient's social security number.
18.	Insured's group	62a-c	Required where applicable. As stated in UB-92 For Illinois manual.
19.	Other physician ID	83a-b	If applicable and if known the physician's state license number is the required ID number. UPINs are allowed for all claims.

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Section 2510.APPENDIX F Ambulatory Surgical Magnetic Media Record Format Option 1/UB92 Form

HEADER RECORD

DATA ELEMENT	DATA ELEMENT DESCRIPTION	POSITION FROM	TO	LENGTH	PICTURE	FORMAT
1	MEDICAID ID OR IHCCCC ASSIGNED NUMBER	1	12	12	A	
2	PROVIDER NAME	13	52	40	A	LEFT JUSTIFY, SPACE FILL RIGHT
3	PROVIDER STREET ADDRESS	53	92	40	A	LEFT JUSTIFY, SPACE FILL RIGHT
4	PROVIDER CITY	93	112	20	A	LEFT JUSTIFY, SPACE FILL RIGHT
5	PROVIDER ZIP CODE	113	117	5	A	
6	CONTACT PERSON	118	157	40	A	LEFT JUSTIFY, SPACE FILL RIGHT
7	TELEPHONE NUMBER	158	167	10	A	XXXXXXXXXX
8	PERIOD COVERED FIRST DAY	168	173	6	N	MMDDYY
9	LAST DAY	174	179	6	N	MMDDYY
10	SURGICAL SITE ID	180	181	2	N	RIGHT JUSTIFY, ZERO FILL LEFT
11	FILLER	182	800	619	A	BLANK FILL

AMBULATORY SURGICAL MAGNETIC MEDIA RECORD FORMAT OPTION 1/UB92 FORM

LOGICAL RECORD

DATA ELEMENT	DATA ELEMENT DESCRIPTION	UB92 ITEM	POSITION FROM	TO	LENGTH	PICTURE	FORMAT
1	PATIENT DATE OF BIRTH	14	1	8	8	N	MMDDCCYY
2	PATIENT SEX	15	9	9	1	A	
3a	PATIENT ZIP CODE	13	10	14	5	N	UNKNOWN=00000 FOREIGN=99999
3b	ZIP PLUS 4	13	15	18	4	A	OPTIONAL, BLANK FILL IF NO NUMBER

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

4a	1ST INDIVIDUAL PAYER ID NUMBER	50a	19	27	9	A	LEFT JUSTIFY, SPACE FILL RIGHT
4b	2ND INDIVIDUAL PAYER ID NUMBER	50b	28	36	9	A	LEFT JUSTIFY, SPACE FILL RIGHT
4c	3RD INDIVIDUAL PAYER ID NUMBER	50c	37	45	9	A	LEFT JUSTIFY, SPACE FILL RIGHT
5	DATE OF ADMISSION	17	46	51	6	N	MMDDYY
6	SOURCE OF ADMISSION	20	52	52	1	N	
7	E OF ADMISSION	19	53	53	1	N	
8a	TYPE OF BILL	4	54	56	3	N	
8b	DISCHARGE DATE	6	57	62	6	N	MMDDYY
9a	PRINCIPAL DIAGNOSIS	67	63	68	6	A	LEFT JUSTIFY, SPACE FILL RIGHT NO DECIMAL
9b	1ST OTHER DIAGNOSIS	68	69	74	6	A	LEFT JUSTIFY, SPACE FILL RIGHT NO DECIMAL
9c	2ND OTHER DIAGNOSIS	69	75	80	6	A	LEFT JUSTIFY, SPACE FILL RIGHT NO DECIMAL
9d	3RD OTHER DIAGNOSIS	70	81	86	6	A	LEFT JUSTIFY, SPACE FILL RIGHT NO DECIMAL
9e	4TH OTHER DIAGNOSIS	71	87	92	6	A	LEFT JUSTIFY, SPACE FILL RIGHT NO DECIMAL
9f	5TH OTHER DIAGNOSIS	72	93	98	6	A	LEFT JUSTIFY, SPACE FILL RIGHT NO DECIMAL
9g	6TH OTHER DIAGNOSIS	73	99	104	6	A	LEFT JUSIFY, SPACE FILL RIGHT NO DECIMAL
9h	7TH OTHER DIAGNOSIS	74	105	110	6	A	LEFT JUSTIFY, SPACE FILL RIGHT NO DECIMAL
9i	8TH OTHER DIAGNOSIS	75	111	116	6	A	LEFT JUSTIFY, SPACE FILL RIGHT NO DECIMAL
10a	PROCEDURE CODING METHOD USED	79	117	117	1	N	USE 9 FOR ICD-9- CM PROC. USE 8 FOR CPT PROC
10b	PRINCIPAL PROCEDURE	80	118	124	7	A	ICD-9-CM:99V99b:

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

							CPT:9999999:LEFT JUSTIFY,SPACE FILL RIGHT. NO DECIMAL OR HYPHEN
10c	PRINCIPAL PROCED DATE	80	125	130	6	N	MMDDYY
11	PATIENT STATUS	22	131	132	2	N	RIGHT JUSTIFY, ZERO FILL LEFT
12a	1ST OTHER PROCEDURE	81a	133	139	7	A	ICD-9-CM:99V99b: CPT9999999: LEFT JUSTIFY, SPACE FILL RIGHT. NO DECIMAL OR HYPHEN
12b	1ST OTHER PROCED DATE	81a	140	145	6	N	MMDDYY
12c	2ND OTHER PROCEDURE	81b	146	152	7	A	ICD-9-CM:999V99b: CPT: 9999999: LEFT JUSTIFY, SPACE FILL RIGHT. NO DECIMAL OR HYPHEN
12d	2ND OTHER PROCED DATE	81b	153	158	6	N	MMDDYY
12e	3RD OTHER PROCEDURE	81c	159	165	7	A	ICD-9-CM:99V99b: CPT:9999999: LEFT JUSTIFY, SPACE FILL RIGHT. NO DECIMAL OR HYPHEN
12f	3RD OTHER PROCED DATE	81c	166	171	6	N	MMDDYY
12g	4TH OTHER PROCEDURE	81d	172	178	7	A	ICD-9-CM:99V99b: CPT:9999999: LEFT JUSTIFY, SPACE FILL RIGHT. NO DECIMAL OR HYPHEN
12h	4TH OTHER PROCED DATE	81d	179	184	6	N	MMDDYY
12i	5TH OTHER PROCEDURE	81e	185	191	7	A	ICD-9-CM:99V99b: CPT:9999999: LEFT JUSTIFY, SPACE FILL RIGHT. NO DECIMAL OR HYPHEN
12j	5TH OTHER PROCED DATE	81e	192	197	6	N	MMDDYY
13a	1ST FILLER	42a	198	201	4	A	Space or Zero fill
14a	FILLER	46a	202	208	7	A	Space or Zero fill
15a	FILLER		209	218	10	A	BLANK FILL
13b	2ND FILLER	42b	219	222	4	A	Space or Zero

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

							fill
14b	FILLER	46b	223	229	7	A	Space or Zero fill
15b	FILLER		230	239	10	A	BLANK FILL
13c	3RD FILLER	42c	240	243	4	A	Space or Zero fill
14c	FILLER	46c	244	250	7	A	Space or Zero fill
15c	FILLER		251	260	10	A	BLANK FILL
13d	4TH FILLER	42d	261	264	4	A	Space of Zero fill
14d	FILLER	46d	265	271	7	A	Space or Zero fill
15d	FILLER		272	281	10	A	BLANK FILL
13e	5TH FILLER	42e	282	285	4	A	Space or Zero fill
14e	FILLER	46e	286	292	7	A	Space or Zero fill
15e	FILLER		293	302	10	A	BLANK FILL
13f	6TH FILLER	42f	303	306	4	A	Space of Zero fill
14f	FILLER	46f	307	313	7	A	Space or Zero fill
15f	FILLER		314	323	10	A	BLANK FILL
13g	7TH FILLER	42g	324	327	4	A	Space or Zero fill
14g	FILLER	46g	328	334	7	A	Space or Zero fill
15g	FILLER		335	344	10	A	BLANK FILL
13h	8TH FILLER	42h	345	348	4	A	Space or Zero fill
14h	FILLER	46h	349	355	7	A	Space or Zero fill
15h	FILLER		356	365	10	A	BLANK FILL
13i	9TH FILLER	42i	366	369	4	A	Space or Zero fill
14i	FILLER	46i	370	376	7	A	Space of Zero

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

							fill
15i	FILLER		377	386	10	A	BLANK FILL
13j	10TH FILLER	42j	387	390	4	A	Space or Zero fill
14j	FILLER	46j	391	397	7	A	Space or Zero fill
15j	FILLER		398	407	10	A	BLANK FILL
13k	11TH FILLER	42k	408	411	4	A	Space or Zero fill
14k	FILLER	46k	412	418	7	A	Space or Zero fill
15k	FILLER		419	428	10	A	BLANK FILL
13l	12TH FILLER	42l	429	432	4	A	Space or Zero fill
14l	FILLER	46l	433	439	7	A	Space or Zero fill
15l	FILLER		440	449	10	A	BLANK FILL
13m	13TH FILLER	42m	450	453	4	A	Space or Zero fill
14m	FILLER	46m	454	460	7	A	Space or Zero fill
15m	FILLER		461	470	10	A	BLANK FILL
13n	14TH FILLER	42n	471	474	4	A	Space or Zero fill
14n	FILLER	46n	475	481	7	A	Space or Zero fill
15n	FILLER		482	491	10	A	BLANK FILL
13o	15TH FILLER	42o	492	495	4	A	Space or Zero fill
14o	FILLER	46o	496	502	7	A	Space or Zero fill
15o	FILLER		503	512	10	A	BLANK FILL
13p	16TH FILLER	42p	513	516	4	A	Space or Zero fill
14p	FILLER	46p	517	523	7	A	Space or Zero fill
15p	FILLER		524	533	10	A	BLANK FILL
13q	17TH FILLER	42q	534	537	4	A	Space or Zero

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

							fill
14q	FILLER	46q	538	544	7	A	Space or Zero fill
15q	FILLER		545	554	10	A	BLANK FILL
13r	18TH FILLER	42r	555	558	4	A	Space or Zero fill
14r	FILLER	46r	559	565	7	A	Space or Zero fill
15r	FILLER		566	575	10	A	BLANK FILL
13s	19TH FILLER	42s	576	579	4	A	Space or Zero fill
14s	FILLER	46s	580	586	7	A	Space or Zero fill
15s	FILLER		587	596	10	A	BLANK FILL
13t	20TH FILLER	42t	597	600	4	A	Space or Zero fill
14t	FILLER	46t	601	607	7	A	Space or Zero fill
15t	FILLER		608	617	10	A	BLANK FILL
13u	21ST FILLER	42u	618	621	4	A	Space or Zero fill
14u	FILLER	64u	622	628	7	A	Space or Zero fill
15u	FILLER		629	638	10	A	BLANK FILL
13v	22ND FILLER	42v	639	642	4	A	Space or Zero fill
14v	FILLER	46v	643	649	7	A	Space or Zero fill
15v	FILLER		650	659	10	A	BLANK FILL
13w	23RD FILLER	42w	660	663	4	A	Space or Zero fill
14w	FILLER	46w	664	670	7	A	Space or Zero fill
15w	FILLER		671	680	10	A	BLANK FILL
16	ATTENDING PHYSICIAN ID NUMBER	82	681	690	10	A	LEFT JUSTIFY, SPACE FILL RIGHT
17	MEDICAID ID OR IHCCCC ASSIGNED NUMBER	5	691	702	12	A	

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

18	PATIENT ID NUMBER	3	703	722	20	A	LEFT JUSTIFY, SPACE FILL RIGHT
19a	1ST INSUR GRP NUMBER	62a	723	739	17	A	LEFT JUSTIFY, SPACE FILL RIGHT
19b	2ND INSUR GRP NUMBER	62b	740	756	17	A	LEFT, JUSTIFY, SPACE FILL RIGHT
19c	3RD INSUR GRP NUMBER	62c	757	773	17	A	LEFT JUSTIFY, SPACE FILL RIGHT
20a	OTHER PHYSICAN ID NUMBER	83a	774	783	10	A	LEFT JUSTIFY, SPACE FILL RIGHT
20b	OTHER PHYSICAN	83b	784	793	10	A	LEFT JUSTIFY, SPACE FILL RIGHT
21	SURGICAL SITE ID		794	795	2	N	RIGHT JUSTIFY, ZERO FILL LEFT
22	FILLER		796	800	5	A	BLANK FILLER

AMBULATORY SURGICAL MAGNETIC MEDIA RECORD FORMAT OPTION 1/UB92 FORM

TRAILER RECORD

DATA ELEMENT	DATA ELEMENT DESCRIPTION	POSITION FROM	TO	LENGTH	PICTURE	FORMAT
1	MEDICAID ID NUMBER or IHCCCC ASSIGNED NUMBER	1	12	12	A	
2	NUMBER OF RECORDS LOGICAL RECORDS IN THE FILE EXCLUDING THE HEADER AND TRAILER RECORDS	13	17	5	N	RIGHT JUSTIFY, ZERO FILL LEFT
3	SURGICAL SITE ID	18	19	2	N	
4	FILLER	20	800	781	A	BLANK FILL

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Section 2510.APPENDIX G Ambulatory Surgical Data Fields Option I/UB92 Form and Paper Format

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

DATA ELEMENT	ELEMENT DESCRIPTION	REQUIRED FIELD(S) REQUIREMENTS
1	Patient Date of Birth	As stated in the Council's Provider Manual.
2	Patient Sex	As stated in the Council's Provider Manual.
3a-3b	Patient Zip Code	As stated in the Council's Provider Manual.
4a-4c	Individual Payer ID Number	Illinois Department of Insurance numbers are required for commercial insurers. The three digit Blue Cross codes that are in the Council's Provider Manual are required for Blue Cross plans. Self-administered plans will be assigned a number upon request, as provided in Section 2510.50(g) and the use of these codes is required where applicable.
5	Date of Admission	As stated in the Council's Provider Manual.
6	Source of Admission	As stated in the Council's Provider Manual.
7	Type of Admission	As stated in the Council's Provider Manual.
8a	Type of Bill	As stated in the Council's Provider Manual.
8b	Discharge Date	As stated in the Council's Provider Manual.
9a-9i	Principal Diagnosis and Up to Eight Other Diagnosis Codes	As stated in the Council's Provider Manual.
10a	Principal Procedure Coding Method Used	As stated in the Council's Provider Manual.
10b	Principal Procedure	As stated in the Council's Provider Manual.
10c	Principal Procedure Date	As stated in the Council's Provider Manual.

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

11	Patient Status	As stated in the Council's Provider Manual.
12a-12j	Other Procedures and Dates	As stated in the Council's Provider Manual.
13a-13w	Filler	As stated in the Council's Provider Manual.
14a-14w	Filler	As stated in the Council's Provider Manual.
15a-15w	Filler	As stated in the Council's Provider Manual.
16	Attending Physician ID Number	Physician's state license number is the required ID number. UPINs are allowed for all claims.
17	Provider ID Number	The Medicaid number is the required provider ID number. Providers not participating in Medicaid will be assigned an ID number, as provided in Section 2510.50(f).
18	Patient ID Number	As stated in the Council's Provider Manual. This field may not contain the patient's social security number.
19a-19c	Insurance Group Number	As stated in the Council's Provider Manual. Required where applicable.
20a-20b	Other Physician ID Number	If applicable, and if known, the physician's state license number is the required ID number. If the other physician does not have a valid license number, enter the Chief of Service's ID number. UPINs are allowed for all claims.
21	Surgical Site ID Number	This two-digit number identifies the outpatient surgical site location. This ID along with the type of bill will be used to identify outpatient claims .
22	Filler	As stated in the Council's Provider Manual.

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Section 2510.APPENDIX H Ambulatory Surgical Magnetic Media Record Format Option 2/1500 Form

HEADER RECORD

DATA ELEMENT	DATA ELEMENT DESCRIPTION	POSITION FROM	TO	LENGTH	PICTURE	FORMAT
1	MEDICAID ID OR IHCCCC ASSIGNED NUMBER	1	12	12	A	
2	PROVIDER NAME	13	52	40	A	LEFT JUSTIFY, SPACE FILL RIGHT
3	PROVIDER STREET ADDRESS	53	92	40	A	LEFT JUSTIFY, SPACE FILL RIGHT
4	PROVIDER CITY	93	112	20	A	LEFT JUSTIFY, SPACE FILL RIGHT
5	PROVIDER ZIP CODE	113	117	5	A	
6	CONTACT PERSON	118	157	40	A	LEFT JUSTIFY, SPACE FILL RIGHT
7	TELEPHONE NUMBER	158	167	10	A	XXXXXXXXXX
8	PERIOD COVERED FIRST DAY	168	173	6	N	MMDDYY
9	LAST DAY	174	179	6	N	MMDDYY
10	SURGICAL SITE ID IHCCCC ASSIGNED	180	181	2	N	RIGHT JUSTIFY, ZERO FILL LEFT
11	FILLER	182	300	119	A	BLANK FILL

AMBULATORY SURGICAL MAGNETIC MEDIA RECORD FORMAT OPTION 2/1500 FORM

LOGICAL RECORD

DATA ELEMENT	DATA ELEMENT DESCRIPTION	1500 ITEM	POSITION FROM	TO	LENGTH	PICTURE	FORMAT
-----------------	-----------------------------	--------------	------------------	----	--------	---------	--------

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

1	MEDICAID ID OR IHCCCC ASSIGNED NUMBER	25	1	12	12	A	
2	PATIENT ID NUMBER	26	13	32	20	A	LEFT JUSTIFY, SPACE FILL RIGHT
3	PATIENT DATE OF BIRTH	3a	33	40	8	N	MMDDCCYY
4	PATIENT SEX	3b	41	41	1	A	M=MALE, F=FEMALE
5	PATIENT ZIP CODE	5	42	46	5	N	UNKNOWN=00000 FOREIGN=99999
5b	ZIP PLUS 4	5	47	50	4	A	OPTIONAL, BLANK FILL IF NO NUMBER
6	1ST INDIVIDUAL PAYER ID NUMBER	1	51	59	9	A	LEFT JUSTIFY, SPACE FILL RIGHT
6a	2ND INDIVIDUAL PAYER ID NUMBER	1	60	68	9	A	LEFT JUSTIFY, SPACE FILL RIGHT
7a	ATTENDING PHYSICIAN	33	69	78	10	A	LEFT JUSTIFY, SPACE FILL RIGHT
7b	REFER PHYSICIAN	17a	79	88	10	A	LEFT JUSTIFY, SPACE FILL RIGHT
8a	1ST FROM PROCED DATE	24a	89	94	6	N	MMDDYY
9a	1ST THRU PROCED DATE	24a	95	100	6	N	MMDDYY
10a	1ST PROCEDURE	24d	101	107	7	A	LEFT JUSTIFY, SPACE FILL RIGHT. NO DECIMAL OR HYPHEN
11a	1ST DIAGNOSIS CODE	24e	108	113	6	A	NO DECIMAL OR HYPHEN
12a	1ST Filler	24g	114	120	7	A	Space Filled

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

8b	2ND FROM PROCED DATE	24a	121	126	6	N	MMDDYY
9b	2ND THRU PROCED DATE	24a	127	132	6	N	MMDDYY
10b	2ND PROCEDURE	24d	133	139	7	A	LEFT JUSTIFY, SPACE FILL RIGHT. NO DECIMAL OR HYPHEN
11b	2ND DIAGNOSIS CODE	24e	140	145	6	A	NO DECIMAL OR HYPHEN
12b	2ND Filler	24g	146	152	7	A	Space Filled
8c	3RD FROM PROCED DATE	24a	153	158	6	N	MMDDYY
9c	3RD THRU PROCED DATE	24a	159	164	6	N	MMDDYY
10c	3RD PROCEDURE	24d	165	171	7	A	LEFT JUSTIFY, SPACE FILL RIGHT. NO DECIMAL OR HYPHEN
11c	3RD DIAGNOSIS CODE	24e	172	177	3	A	NO DECIMAL OR HYPHEN
12c	3RD Filler	24g	178	184	7	A	Space Filled
8d	4TH FROM PROCEDURE DATE	24a	185	190	6	N	MMDDYY
9d	4TH THRU PROCEDURE DATE	24a	191	196	6	N	MMDDYY
10d	4TH PROCEDURE	24d	197	203	7	A	LEFT JUSTIFY, SPACE FILL RIGHT. NO DECIMAL OR HYPHEN
11d	4TH DIAGNOSIS CODE	24e	204	209	6	A	NO DECIMAL OR HYPHEN

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

12d	4TH Filler	24g	210	216	7	A	Space Filled
8e	5TH FROM PROCED DATE	24a	217	222	6	N	MMDDYY
9e	5TH THRU PROCED DATE	24a	223	228	6	N	MMDDYY
10e	5TH PROCEDURE	24d	229	235	7	A	LEFT JUSTIFY, SPACE FILL RIGHT. NO DECIMAL OR HYPHEN
11e	5TH DIAGNOSIS CODE	24e	236	241	6	A	NO DECIMAL OR HYPHEN
12e	5TH Filler	24g	242	248	7	A	Space Filled
8f	6TH FROM PROCED DATE	24a	249	254	6	N	MMDDYY
9f	6TH THRU PROCED DATE	24a	255	260	6	N	MMDDYY
10f	6TH PROCEDURE	24d	261	267	7	A	LEFT JUSTIFY, SPACE FILL RIGHT. NO DECIMAL OR HYPHEN
11f	6TH DIAGNOSIS CODE	24e	268	273	6	A	NO DECIMAL OR HYPHEN
12f	6TH Filler	24g	274	280	7	A	Space Filled
13	TYPE OF BILL		281	283	3	N	RIGHT JUSTIFY, ZERO FILL LEFT
14	SURGICAL SITE ID IHCCCC ASSIGNED		284	285	2	N	
15	TYPE OF ADMISSION		286	286	1	A	
16	SOURCE OF ADMISSION		287	287	1	A	
17	DISCHARGE STATUS		288	289	2	A	RIGHT JUSTIFY,

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

ZERO FILL LEFT

18	FILLER	290	300	4	A
----	--------	-----	-----	---	---

AMBULATORY SURGICAL MAGNETIC MEDIA RECORD FORMAT OPTION 2/1500 FORM

TRAILER RECORD

DATA ELEMENT	DATA ELEMENT DESCRIPTION	POSITION FROM	TO	LENGTH	PICTURE	FORMAT
1	MEDICAID ID NUMBER (OR IHCCCC ASSIGNED NUMBER)	1	12	12	A	
2	NUMBER OF RECORDS LOGICAL RECORDS IN THE FILE EXCLUDING THE HEADER AND TRAILER RECORDS	13	17	5	N	RIGHT JUSTIFY, ZERO FILL LEFT
3	SURGICAL SITE ID (IHCCCC ASSIGNED)	18	19	2	N	RIGHT JUSTIFY, ZERO FILL LEFT
4	FILLER	20	300	281	A	BLANK FILL

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

Section 2510.APPENDIX I Ambulatory Surgical Data Fields Option 2 and Paper Format

DATA ELEMENT	ELEMENT DESCRIPTION	REQUIRED FIELD(S) REQUIREMENTS
1	Medicaid ID or IHCCCC Assigned Number	The Medicaid number is the required provider ID number. Providers not participating in Medicaid will be assigned an ID number, as provided in Section 2510.50(f).
2	Patient ID Number	As stated in the Council's Provider Manual. This field may not contain the patient's social security number.
3	Patient Date of Birth	As stated in the Council's Provider Manual.
4	Patient Sex	As stated in the Council's Provider Manual.
5	Patient Zip Code	As stated in the Council's Provider Manual.
5b	Zip Plus 4	As stated in the Council's Provider Manual.
6a-6c	Individual Payer ID Number	Illinois Department of Insurance numbers are required for commercial insurers. The three digit Blue Cross codes that are in the Council's Provider Manual are required for Blue Cross plans. Self-administered plans will be assigned a number upon request, as provided in of Section 2510.50(g) and the use of these codes is required where applicable.
7a	Attending Physician ID Number	Physician's state license number is the required ID number. UPINs are allowed for all claims.
7b	Referring Physician	If applicable, and if known, the physician's state license number is the required ID number. UPINs are allowed for all claims.
8a-8f	From Procedure Date	As stated in the Council's Provider Manual.

ILLINOIS REGISTER

ILLINOIS HEALTH CARE COST CONTAINMENT COUNCIL

NOTICE OF PROPOSED REPEALER

9a-9f	Thru Procedure Date	As stated in the Council's Provider Manual.
10a-10f	Procedures	As stated in the Council's Provider Manual.
11a-11f	Diagnosis Codes	As stated in the Council's Provider Manual.
12a-12f	Filler	As stated in the Council's Provider Manual.
13	Type of Bill	As stated in the Council's Provider Manual.
14	Surgical Site ID Number	As assigned by the Council.
15	Type of Admission	As stated in the Council's Provider Manual.
16	Source of Admission	As stated in the Council's Provider Manual.
17	Discharge Status	As stated in the Council's Provider Manual.
18	Filler	As stated in the Council's Provider Manual.